CONTRACTOR REGISTRATION APPLICATION

Village of Glenwillow Building Department

	Date					
COMPANY	NAME					
Address	8					
City		State	_ Zip Code			
Phone _		Fax				
Contact Em	ail					
Chief Offic	er					
	CONTRACTOR					
Federal ID	Number					
F	Registrations will NOT be are returned to the F					
<u>Th</u>	e following must returned f	or your regist	ration to be processed:			
RI'CHA G	is Application ΓA Form 48 IECK FOR \$100 Payable to: VILL Copy Of Your Valid And Current Strificate of Insurance Liability in th \$1,000,000 Bodily Injury \$50,000 Property Damage Village of Glenwillow named	State License Whae amount of:	nere Applicable			
	Applicant's Signature		Title			

www.ritaohio.com

BUSINESS REGISTRATION FORM 48

EMPLOYEE INFORMATION	FEDERAL IDENTIFICATION NUMBER		NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR)
NISINESS NAME: PHONE: PHONE:	FILING STATUS: CORPORATION CESTATE/TI		
ADDRESS:	RITA LOCATIO	ON NAME AND ADDRESS AS USED FOR BUSI	INESS PURPOSES
ADDRESS:	BUSINESS NAME:		PHONE: ()
BEUSINESS NAME: CITY			
BUSINESS NAME: ADDRESS: IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS NAME: PHONE: STATE: ZIP: WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY PLEASE LIST THE COMPANY NAIGS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE PLEASE LIST THE COMPANY NAIGS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE PAGES. TRANSPORTATION NON MANUFACTURING NON CLASSIFICATION RETAIL FINANCE FEMALS FINANCE			
ADDRESS:	IF CORPORATE SUBS	IDIARY, GIVE NAME AND ADDRESS OF PAREN	NT COMPANY MAIN OFFICE
IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS NAME:			
IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS NAME:	ADDRESS:	GITY:	STATE:ZIP:
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PRINT NAME: PHONE:PHONE:	SIGNATURE:		DATE:
	PRINT NAME:	TÍŤLE:	PHONE:

REGIONAL INCOME TAX AGENCY ATTN: BUSINESS REGISTRATION P.O. BOX 477900 BROADVIEW HEIGHTS, OH 44147-7900 CLEVELAND TOLL FREE: (800) 860-RITA (7482) COLUMBUS TOLL FREE: (866) 721-RITA (7482) YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482) FAX: (440) 526-3136

MUNICIPALITY

CONTRACTOR INFORMATION

MUNICIPALITY:	BUILDING PERMIT 4:
ADDRESS OF CONSTRUCTION SITE:	TOTAL CONTRACT AMOUNT: \$
	As the contractor, will your company be withholding focal income tax from all employees on the job? YES NO

COMPANY/ADDRESS - CITY, STATE AND ZIP	OFFICER-OWNER NAME PHONE NUMBER	SOCIAL SECURITY OR FEDERALLO, NUMBER	ESTIMATED START DATE	NUMBER OF EMPLOYEES	ESTIMATED WAGES PER MONTH	TRADE
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If nocessary attach a sopmate sheet

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

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